Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 1 of 51

Fill in this infor	mation to identify your	case:	V	
Debtor 1	Sharon Kleiman			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	23-15542			
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

you	original forms, you must fill out a new Summary and check the box at the top of this page.		•
Par	11: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_	682,788.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	59,340.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	742,128.00
Par	t 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	1,537,404.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	101,153.83
	Your total liabilities	\$	1,638,557.83
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	13,982.89
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,971.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other ៖	schedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a person	al, family, or

- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 2 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____16,687.31

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main

			Document	Page 3 of 51			
Fill in this i	nformation to identify your	case and this f	filing:				
Debtor 1	Sharon Kleiman	NA: dalla Nia		LastNassa			
Debtor 2	First Name	Middle Nar	me	Last Name			
Spouse, if filing) First Name	Middle Nar	me	Last Name			
United State	es Bankruptcy Court for the:	DISTRICT OF	NEW JERSEY				
Case numbe	er 23-15542			_			Check if this is ar amended filing
_	Form 106A/B Iule A/B: Prop	erty					12/15
Part 1: Desc	cribe Each Residence. Building	g, Land, or Other	Real Estate You O	wn or Have an Interest In			
. Do you ow	n or have any legal or equitabl		residence, building	g, land, or similar property?			
. Do you ow □ No. Go t ■ Yes. WI 1.1 17 Tra	n or have any legal or equitabl	le interest in any i	What is the propert ■ Single-family □ Duplex or mu	t y? Check all that apply		ecured cla	or exemptions. Put nims on Schedule D: ecured by Property.
. Do you ow No. Go t Yes. WI 1.1 17 Tra Street ad	n or have any legal or equitable to Part 2. there is the property? Aveller Way dress, if available, or other description	D76-0000	What is the propert Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other	ty? Check all that apply home ilti-unit building n or cooperative d or mobile home	Current value of the entire property? \$682,788. Describe the natur (such as fee simple a life estate), if known as the simple of the entire property?	ne Crops ne Crops ne Crops ne con your e, tenancy	ims on Schedule D:
No. Go to Yes. WI	n or have any legal or equitable to Part 2. There is the property? Aveller Way dress, if available, or other description h Plains NJ 070 State	D76-0000	What is the propert Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other Who has an interes Debtor 1 only Debtor 2 only	ty? Check all that apply home ulti-unit building n or cooperative d or mobile home roperty st in the property? Check one	Current value of the entire property? \$682,788. Describe the natur (such as fee simple)	ne Crops ne Crops ne Crops ne con your e, tenancy	urrent value of the ortion you own? \$682,788.00 ownership interest

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 4 of 51

1 Sharon Kleiman Case number (if known) 23-15542

claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own?
red claims on Schedule D: aims Secured by Property. Current value of the
red claims on Schedule D: aims Secured by Property. Current value of the
red claims on Schedule D: aims Secured by Property. Current value of the
red claims on Schedule D: aims Secured by Property. Current value of the
red claims on Schedule D: aims Secured by Property. Current value of the
Current value of the
Current value of the
portion you own.
\$7,274.00
claims or exemptions. Put red claims on <i>Schedule D:</i>
aims Secured by Property.
Current value of the
portion you own?
£4.0E0.00
\$4,656.00
claims or exemptions. Put
red claims on Schedule D:
aims Secured by Property.
Current value of the
portion you own?
\$5,704.00
\$17,634.00
Ψ17,034.00
Current value of the
Current value of the portion you own? Do not deduct secured
portion you own?
portion you own? Do not deduct secured
portion you own? Do not deduct secured
portion you own? Do not deduct secured
portion you own? Do not deduct secured
portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 5 of 51

De	ebtor 1	Sharon Klein	nan Case number (if kno	own) _	23-15542
7.	Electron Example	es: Televisions ar	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musphones, cameras, media players, games	sic col	llections; electronic devices
	_	Describe			
			TV, laptop, desktop, cell phone, ipad, camera		\$875.00
8.	Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, ons, memorabilia, collectibles	coin, c	or baseball card collections;
	□ res.	Describe			
9.		ent for sports ar es: Sports, photog musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can	oes ar	nd kayaks; carpentry tools;
		Describe			
10.	Firearn Examp		s, shotguns, ammunition, and related equipment		
	■ No □ Yes.	Describe			
11.	□ No		othes, furs, leather coats, designer wear, shoes, accessories		
			Used clothes, shoes and outerwear		\$5,000.00
12.	□ No Î		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ger	ns, go	old, silver
			Wedding ring, engagement ring, michelle watch, costume jewlery, diamond earrings		\$20,000.00
13.	Examp ☐ No	rm animals oles: Dogs, cats, b	pirds, horses		
			Dog 11 years old		Unknown
			Dog 11 years old		
14.	■ No	·	d household items you did not already list, including any health aids you did not lis	st	
	⊔ res.	Give specific info	omauon	_	
15			of all of your entries from Part 3, including any entries for pages you have attached number here	1	\$35,875.00
D-		osviho Vorra Fire v	sial Access	_	
1.6	rt 4: Des	scribe Your Financ	cial Assets		Comment value of the

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 6 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

	<u> </u>	·········			10012
					claims or exemptions.
16.	■ No	have in your wallet, in your ho	ome, in a safe deposit box, and on	hand when you file your petition	
17.			s with the same institution, list each	s in credit unions, brokerage house	s, and other similar
	Yes		Institution name:		
		17.1.	Chase		\$716.00
		17.2. Checking	Bank of America		\$115.00
18.		or publicly traded stocks s, investment accounts with bro	okerage firms, money market accor	unts	
19.	Non-publicly traded s joint venture ☐ No	stock and interests in incorpo	orated and unincorporated busir	nesses, including an interest in a	n LLC, partnership, and
	■ Yes. Give specific in	formation about them Name of entity:		% of ownership:	
		Sababa Travel, LLC Trade Show Display	C (Assets: office equipment, y)	%	\$5,000.00
20	Negotiable instrument	is include personal checks, cas ments are those you cannot tra	otiable and non-negotiable instrushiers' checks, promissory notes, a ansfer to someone by signing or de	nd money orders.	
21.	■ No	IRA, ERISA, Keogh, 401(k), 4	403(b), thrift savings accounts, or o	ther pension or profit-sharing plans	
	☐ Yes. List each accou	int separately. Type of account:	Institution name:		
22.		ed deposits you have made so	o that you may continue service or public utilities (electric, gas, water)	use from a company , telecommunications companies, c	or others
	■ No □ Yes		Institution name or individua	al:	
23.	Annuities (A contract f ■ No	for a periodic payment of mone	ey to you, either for life or for a num	nber of years)	
		ssuer name and description.			
24.	26 U.S.C. §§ 530(b)(1),	ion IRA, in an account in a q 529A(b), and 529(b)(1).	jualified ABLE program, or under	r a qualified state tuition program	ı.
	■ No □ Yes	nstitution name and description	n. Separately file the records of any	y interests.11 U.S.C. § 521(c):	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 7 of 51

1 Sharon Kleiman Case number (if known) 23-15542

0	CDIOI I	Sharon Kleiman Case number (# K	110WII) <u>23-13342</u>
25.	Trusts,	, equitable or future interests in property (other than anything listed in line 1), and rights or powe	rs exercisable for your benefit
	☐ Yes.	Give specific information about them	
26.		ss, copyrights, trademarks, trade secrets, and other intellectual property ples: Internet domain names, websites, proceeds from royalties and licensing agreements	
		Give specific information about them	
27.		ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional	licenses
	☐ Yes.	Give specific information about them	
M	oney or	property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you	
	■ No □ Yes.	Give specific information about them, including whether you already filed the returns and the tax years	
29.	Examp	r support ples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pro	operty settlement
30	Examp ■ No	amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' c benefits; unpaid loans you made to someone else Give specific information	ompensation, Social Security
31.		sts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's in	nsurance
	_	Name the insurance company of each policy and list its value. Company name: Beneficiary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled one has died.	to receive property because
	_	Give specific information	
33.		s against third parties, whether or not you have filed a lawsuit or made a demand for payment ples: Accidents, employment disputes, insurance claims, or rights to sue	
		Describe each claim	
34.	■ No	contingent and unliquidated claims of every nature, including counterclaims of the debtor and rig Describe each claim	lhts to set off claims
35.	Any fin ■ No	nancial assets you did not already list	

 \square Yes. Give specific information..

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 8 of 51

Deb	tor 1	Sharon Kleiman		Case number (if known)	23-15542
36.		he dollar value of all of your entries from Part 4, includin art 4. Write that number here			\$5,831.00
Part	5: Des	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ate in Part 1.	
37. [o you o	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	so to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
53.		have other property of any kind you did not already list? oles: Season tickets, country club membership	?		
	No				
L	J Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$682,788.00
56.	Part 2	2: Total vehicles, line 5	\$17,634.00		
57.	Part 3	: Total personal and household items, line 15	\$35,875.00		
58.	Part 4	: Total financial assets, line 36	\$5,831.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$59,340.00	Copy personal property to	stal \$59,340.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$742,128.00

Official Form 106A/B Schedule A/B: Property page 6

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Mair Document Page 9 of 51

Fill in this inforr	mation to identify your	case:		
Debtor 1	Sharon Kleiman			•
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEE	RSEY	
Case number	23-15542			
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	e Property	You Claim	as Exempt
---------	--------------	------------	-----------	-----------

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	ock only one box for each exemption.				
	Furniture living room, dining room, bedroom, outdoor furniture,	\$10,000.00		\$14,000.00	11 U.S.C. § 522(d)(3)			
	appliances, home decor Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				
	TV, laptop, desktop, cell phone, ipad, camera	\$875.00		\$875.00	11 U.S.C. § 522(d)(3)			
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit				
	Used clothes, shoes and outerwear Line from Schedule A/B: 11.1	\$5,000.00		\$0.00	11 U.S.C. § 522(d)(3)			
	Ellie Holli Genedale Al D. TTT			100% of fair market value, up to any applicable statutory limit				
	Wedding ring, engagement ring, michelle watch, costume jewlery,	\$20,000.00		\$1,875.00	11 U.S.C. § 522(d)(4)			
	diamond earrings Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit				
	Wedding ring, engagement ring, michelle watch, costume jewlery,	\$20,000.00		\$15,425.00	11 U.S.C. § 522(d)(5)			
	diamond earrings Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit				

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 10 of 51

De	btor 1	Sharon Kleiman	Case number (if known)	23-15542
3.		you claiming a homestead exemption of more than \$189,050? eject to adjustment on 4/01/25 and every 3 years after that for cases filed on or	after the date of adjustment.)	
		No		
		Yes. Did you acquire the property covered by the exemption within 1,215 days	s before you filed this case?	
		□ No		
		☐ Yes		

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main

			Document I	Page 11	of 51		
Filli	in this information to i	dentify your	case:				
Deb	tor 1 Sharo	n Kleiman					
	First Nam		Middle Name	Last Name			
	tor 2 use if, filing) First Nam	ie.	Middle Name	Last Name			
Орос	ase ii, iiiiig)		Wilde Walle	Lastivanie			
Unit	ed States Bankruptcy C	ourt for the:	DISTRICT OF NEW JERSEY				
Cas	e number 23-15542						
(if kno	own)					☐ Check	if this is an
						ameno	led filing
Off:	icial Form 106D						
			M/h = 1 lave Claims C		d by Duaname	-	
SC.	neaule D: Cre	eaitors	Who Have Claims S	ecured	by Propert	<u>y </u>	12/15
s nee			two married people are filing together it, number the entries, and attach it to				
	any creditors have claim	s secured by	your property?				
			s form to the court with your other so	chedules. Yo	ou have nothing else t	o report on this form.	
	■ Yes. Fill in all of the i		•				
			elow.				
Part					Column A	Column B	Column C
for e	ach claim. If more than on	e creditor has a	ore than one secured claim, list the credit particular claim, list the other creditors in all order according to the creditor's name.	n Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1	Rushmore Loan M Srvc		Describe the property that secures the	e claim:	\$284,095.00	\$682,788.00	\$0.00
	Creditor's Name	-	17 Traveller Way Scotch Plain		<u> </u>		
			07076 Union County	10, 110			
	Attn: Bankruptcy	L	As of the date you file, the claim is: Cr	neck all that			
	P.O. Box 55004		apply.	ioon an triat			
	Irvine, CA 92619		Contingent				
	Number, Street, City, State &		☐ Unliquidated				
Who	o owes the debt? Check		☐ Disputed Nature of lien. Check all that apply.				
	Debtor 1 only		☐ An agreement you made (such as mo	ortgage or sec	cured		
_	Debtor 2 only		car loan)				
	Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mech	anic's lien)			
_	at least one of the debtors a		☐ Judgment lien from a lawsuit				
	Check if this claim relates community debt	to a	Other (including a right to offset)				

Opened 11/96 Last Active

Date debt was incurred 2/07/22

Last 4 digits of account number

8151

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 12 of 51

Debtor 1 Sharon Kleiman		Case number (if known)	23-15542	
First Name Middle N	lame Last Name			
2.2 United States Attorney	Describe the property that secures the claim:	\$1,253,309.00	\$682,788.00	\$854,616.00
Creditor's Name	17 Traveller Way Scotch Plains, NJ			
Peter Rodino Federal	07076 Union County			
Building 970 Broad Street, Suite	As of the date you file, the claim is: Check all that			
700	apply.			
Newark, NJ 07102	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
•	column A on this page. Write that number here:	\$1,537,404	.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$1,537,404	.00	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
trying to collect from you for a debt you o	oe notified about your bankruptcy for a debt that yowe to someone else, list the creditor in Part 1, and tyou listed in Part 1, list the additional creditors lais page.	nd then list the collection age	ncy here. Similarly, if y	ou have more
	7. 0. 1		<u>.</u> .	
Name, Number, Street, City, State 8 Romano Garubo & Argent	·	which line in Part 1 did you ente	er the creditor? 2.1	
52 Newton Avenue		t 4 digits of account number		
Woodbury, NJ 08096	Edd		-	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 13 of 51

		Document	Page 13	3 of 51		
Fill in this	information to identify your	case:				
Debtor 1	Sharon Kleiman					
200101 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filir	ng) First Name	Middle Name	Last Name			
United Sta	tes Bankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case numl	ber 23-15542					
(if known)	20-100-2				П	Check if this is an
						amended filing
Official	Form 106E/F					
		ho Have Unsecured	Claime			12/15
		e Part 1 for creditors with PRIORIT		New 2 few exaditors with N	ONDDIODITY -	
Schedule G: Schedule D: left. Attach t name and ca	Executory Contracts and Unexp Creditors Who Have Claims Sec he Continuation Page to this pag ase number (if known).	that could result in a claim. Also li ired Leases (Official Form 106G). Dured by Property. If more space is re. If you have no information to rep	o not include needed, copy	any creditors with partially he Part you need, fill it ou	y secured clain it, number the (ns that are listed in entries in the
	List All of Your PRIORITY Un					
_ `	creditors have priority unsecure	d claims against you?				
_	Go to Part 2.					
☐ Yes.						
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims				
	creditors have nonpriority unsec					
		art. Submit this form to the court with	vour other sch	odulos		
_		art. Submit this form to the court with	your officer some	cuiles.		
Yes.						
unsecur	red claim, list the creditor separately	aims in the alphabetical order of the for each claim. For each claim listed at the other creditors in Part 3.lf you h	, identify what t	ype of claim it is. Do not list	claims already i	included in Part 1. If more
						Total claim
4.1 A r	nex	Last 4 digits of acco	ount number	8913		\$5,941.00
Co	npriority Creditor's Name prrespondence/Bankruptc p Box 981540	y When was the debt	incurred?	Opened 02/93 Las 6/13/23	t Active	
	Paso, TX 79998					
	mber Street City State Zip Code no incurred the debt? Check one.	As of the date you f	ile, the claim	s: Check all that apply		
_	Debtor 1 only	П				
	,	☐ Contingent				
_	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed Type of NONPRIOR	ITV unacquiro	l oloimi		
_	At least one of the debtors and and		ii i uliseculei	i Ciaiii.		
del	Check if this claim is for a comr bt the claim subject to offset?	nunity —		ration agreement or divorce	that you did no	t
	No	<u>-</u> ' ' '		g plans, and other similar de	ebts	
	Yes	Other. Specify	•	•		
_		- Other, Specify				<u> </u>

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 14 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

	- Gridi Gir ratolinan		<u> </u>	
4.2	Capital One	Last 4 digits of account number	9615	\$5,643.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 06/06 Last Active 6/12/23	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	3352	\$0.00
	Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 06/07 Last Active 12/09/22	
	Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Capital One NA	Last 4 digits of account number	4142	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/08 Last Active 5/12/23	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	• •	
	☐ Yes	■ Other. Specify Credit Card	l	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 15 of 51

Case number (if known) 23-15542

Debloi	Snaron Kleiman		Case number (if known) 23-15542	
4.5	Chase Card Services	Last 4 digits of account number	0185	\$11,007.00
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 02/16 Last Active 6/04/23	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.6	Chase Card Services	Last 4 digits of account number	0937	\$4,806.00
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298	When was the debt incurred?	Opened 03/16 Last Active 5/15/23	
	Wilmington, DE 19850		<u>-0,10,20</u>	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	nation agreement of aironee that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	<u> </u>	
4.7	Chase Card Services	Last 4 digits of account number	0233	\$4,058.00
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298	When was the debt incurred?	Opened 09/15 Last Active 6/02/23	
	Wilmington, DE 19850	_		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	_			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	☐ Yes	■ Other. Specify Credit Card	I	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 16 of 51

Debioi	Snaron Kleiman		Case number (if known) 23-15542	
4.8	Dsnb Bloomingdales	Last 4 digits of account number	0152	\$781.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 03/06 Last Active 5/22/23	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.9	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	3300	\$0.00
	Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 1/24/07 Last Active 6/03/21	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Lili Kalimian	Last 4 digits of account number		\$15,000.00
0	Nonpriority Creditor's Name 530A East Shore Rd.	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify		

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 17 of 51

Debtor	1 Sharon Kleiman		Case number (if known) 23-15542	
4.1	New Jersey Division of Taxation	Last 4 digits of account number		\$51,108.83
1	Nonpriority Creditor's Name Compliance & Enforcement - Bankruptcy 3 John Fitch Way, 5th Floor	When was the debt incurred?		
	PO Box 245 Trenton, NJ 08695-0245 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	_	uration agreement or divorce that you did not	t
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify		_
4.1	Nordstrom FSB	Last 4 digits of account number	0872	\$1,399.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6555 Englewood, CO 80155	When was the debt incurred?	Opened 01/16 Last Active 06/23	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	t
	Is the claim subject to offset?	report as priority claims		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card		_
4.1				
3	Sam Vassalo Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?		\$1,410.00
	67 Walnut Street Clark, NJ 07066 Number Street City State Zip Code	As of the date you file, the claim is	is: Check all that apply	
	Who incurred the debt? Check one.	_	o. Oncor all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	t
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar dobts	
		·		
	Yes	Other. Specify Proffesiona	a Accounting Services	_

Part 3: List Others to Be Notified About a Debt That You Already Listed

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 18 of 51

		Document	Page 18 of 51		
Debtor 1	Sharon Kleiman		Case number (if known)	23-15542	

Use this page only if you have others to be notifie	d about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency
is trying to collect from you for a debt you owe to	someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you
have more than one creditor for any of the debts	that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be
notified for any debts in Parts 1 or 2, do not fill ou	it or submit this page.

Name and Address	On which entry in Part 1 or Part 2 d	d you list the original creditor?
Axelrod, Fingerhut & Dennis	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
260 Madison AVe. New York, NY 10016		■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 d	d you list the original creditor?
Office of the Attorney General	Line 4.11 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
New Jersey Attorney General Office Division of Law/Richard J.Hughes Justice		■ Part 2: Creditors with Nonpriority Unsecured Claims
25 Market Street		
Trenton, NJ 08625		
	Last 4 digits of account number	

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 101,153.83
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 101,153.83

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Mail Document Page 19 of 51

Fill in this infor				
Debtor 1	Sharon Kleiman			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JER	SEY	
Case number	23-15542			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the co	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	=
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 20 of 51

		Docume	nı Page 20 0	1 2T	
Fill in this in	nformation to identify your	case:			
Debtor 1	Sharon Kleiman				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case numbe	23-15542				☐ Check if this is an
					amended filing
Official	Form 106H				
	ıle H: Your Cod	ebtors			12/15
		<u> </u>			
people are fi ill it out, and our name a	ling together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question	olying correct informat n the Additional Page t	ion. If more space is r o this page. On the to	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Бо ус	ou have any codebtors? (III)	you are ming a joint case,	ao not list either spouse	as a codebior.	
■ No □ Yes					
Arizona,	, California, Idaho, Louisiana,				y states and territories include
	So to line 3. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line 2	e again as a codebtor only i 196D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	olumn 1: Your codebtor me, Number, Street, City, State and Zl	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	Δ
	ame			☐ Schedule E/F,	
				☐ Schedule G, lin	
Nı	umber Street			_	
Cir		State	ZIP Code		
				По	
3.2 Na	ame			Schedule D, lin	
				☐ Schedule E/F, ☐ Schedule G, lin	
_					
	umber Street	State	ZIP Code		
Ci	ıy	State	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill in this informat	tion to identify your case:	
Debtor 1	Sharon Kleiman	
Debtor 2 (Spouse, if filing)		
United States Ban	nkruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number	23-15542	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106l	MM / DD/ YYYY
Sahadula	I. Vour Incomo	111117 DD) 11111

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Empleyment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Travel Advisor	
Include part-time, seasonal, or self-employed work.	Employer's name	Sababa Travel, LLC	Red Wing Brands of America, Inc
Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 445 Fanwood, NJ 07023	314 Main Street Red Wing, MN 55066
	How long employed ti	here? 8 years	4 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 13,351.39 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 13,351.39

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Sharon Kleiman	-	(Case r	number (<i>if known</i>)	_2	3-1554	2			
	Cop	by line 4 here	4.		For	Debtor 1	1	For Deb		ouse		
5.	List	all payroll deductions:										
٠.	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	0.00	. :	\$	23	19.4	0	
	5b.	Mandatory contributions for retirement plans	5b		\$ —	0.00	_	\$		0.0		
	5c.	Voluntary contributions for retirement plans	50	.	\$	0.00	_	\$	9	09.4	_	
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00	_ ;	\$		0.0	0	
	5e.	Insurance	5e	€.	\$	0.00	_	\$	1,7	49.8	4	
	5f.	Domestic support obligations	5f.		\$	0.00	_	\$		0.0		
	5g.	Union dues	50		\$	0.00	_	\$		0.0	_	
_	5h.	Other deductions. Specify:	_	1.+	\$	0.00	_	\$		0.0		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	_	\$		78.6		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	_	\$	8,3	72.7	3_	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a.	\$	5,610.16	; ;	\$		0.0	0	
	8b.	Interest and dividends	8b		<u>*</u> —	0.00	_	\$		0.0		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .	\$	0.00	- ,	\$		0.0	0	
	8d.	Unemployment compensation	80	d.	\$	0.00	_ ;	\$		0.0	0	
	8e.	Social Security	86	€.	\$	0.00	_	\$		0.0	0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$	0.00	_	\$		0.0		
	8g.	Pension or retirement income	86		\$	0.00		\$		0.0		
	8h.	Other monthly income. Specify:	_ 8r	۱. +	\$	0.00	- + : 	-		0.0	<u>U</u>	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	S	5,610.16		\$		0.	00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		5,610.16 +		8,372.	73 =	\$	13 (982.89
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		2,010.10	_	0,012.	-	•		02.03
11.	Sta Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe			•	•	in Sche	edule . 11.			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies						it	12.	\$	13,9	982.89
13.	Do	you expect an increase or decrease within the year after you file this form	?								oined hly in	come
		No.										

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:			
Deb	Sharon Kleiman	Che	ck if this is: An amended filing	
Deb	otor 2		A supplement show	ving postpetition chapter
(Spo	ouse, if filing)		13 expenses as of	the following date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF NEW JERSEY		MM / DD / YYYY	
1	se number 23-15542 (nown)			
(
O	fficial Form 106J			
S	chedule J: Your Expenses			12/15
Be info	as complete and accurate as possible. If two married people are filing toge ormation. If more space is needed, attach another sheet to this form. On the mber (if known). Answer every question.			
Par 1.	rt 1: Describe Your Household Is this a joint case?			
••	No. Go to line 2.			
	Yes. Does Debtor 2 live in a separate household?			
	□No			
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate	e Household of Deb	otor 2.	
2.	Do you have dependents? ■ No			
۷.		nt's relationship to	Dependent's	Does dependent
		or Debtor 2	age	live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No
			_	☐ Yes
				□ No
				☐ Yes
				□ No □ Yes
3.	Do your expenses include			⊔ Yes
0.	expenses of people other than			
	yourself and your dependents?			
Par	rt 2: Estimate Your Ongoing Monthly Expenses			
exp	timate your expenses as of your bankruptcy filing date unless you are usin penses as of a date after the bankruptcy is filed. If this is a supplemental Soplicable date.			
Inc	clude expenses paid for with non-cash government assistance if you know			
	e value of such assistance and have included it on <i>Schedule I: Your Income</i> fficial Form 106I.)	•	Your expe	enses
(0.	10001,	_		
4.	The rental or home ownership expenses for your residence. Include first near payments and any rent for the ground or lot.	mortgage 4. S	\$	0.00
	If not included in line 4:			
	4a. Real estate taxes	4a. \$	\$	1,200.00
	4b. Property, homeowner's, or renter's insurance	4b. \$	\$	300.00
	4c. Home maintenance, repair, and upkeep expenses	4c. S	·	400.00
F	4d. Homeowner's association or condominium dues	4d. \$	·	145.00 0.00
5.	Additional mortgage payments for your residence, such as home equity log	ans 5. \$	D C	0.00

otor 1 S	haron Kleiman	Case num	ber (if known)	23-15542
Utilities	•			
	lectricity, heat, natural gas	6a.	\$	470.00
	/ater, sewer, garbage collection	6b.	· -	95.00
	elephone, cell phone, Internet, satellite, and cable services	6c.	•	0.00
	other. Specify: Cable, phone and home alarm	6d.		450.00
	Verizon Cell phone plan		\$	360.00
	nd housekeeping supplies		\$	
	are and children's education costs	7. 8.	\$	1,000.00
			\$	0.00 200.00
	g, laundry, and dry cleaning			
	al care products and services	10.		350.00
	l and dental expenses	11.	Ф	150.00
	ortation. Include gas, maintenance, bus or train fare. nclude car payments.	12.	\$	475.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	·	400.00
	ble contributions and religious donations	14.		50.00
. Insuran	_	14.	Ψ	30.00
	nclude insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	\$	350.00
	lealth insurance	15b.		0.00
	ehicle insurance	15c.		376.00
	Other insurance. Specify:	15d.		0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Specify:	:	16.	\$	0.00
	nent or lease payments:	17a.	¢	0.00
	far payments for Vehicle 1		·	0.00
	car payments for Vehicle 2	17b.		0.00
	Other. Specify: Parent Student Loan Payments	17c.	·	900.00
	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
	ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). sayments you make to support others who do not live with you.	10.	\$	
Specify:		19.	Φ	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Scheo		our Income.	
	lortgages on other property	20a.		0.00
	eal estate taxes	20b.		0.00
	roperty, homeowner's, or renter's insurance	20c.	·	0.00
	faintenance, repair, and upkeep expenses	20d.		0.00
	lomeowner's association or condominium dues	20e.		0.00
. Other: S		21.	· -	150.00
Pet Ne	eas		+\$	150.00
. Calcula	ite your monthly expenses			
	d lines 4 through 21.		\$	7,971.00
22b. Co	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$,
	d line 22a and 22b. The result is your monthly expenses.		\$	7,971.00
220. AU	a into 22a ana 22b. The result is your monthly expenses.			1,311.00
	te your monthly net income.			
	copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	13,982.89
	copy your monthly expenses from line 22c above.	23b.	-\$	7,971.00
				,
23c. S	ubtract your monthly expenses from your monthly income.			0.044.00
	he result is your monthly net income.	23c.	\$	6,011.89
	expect an increase or decrease in your expenses within the year after you			000 04 doores
	nple, do you expect to finish paying for your car loan within the year or do you expect your lition to the terms of your mortgage?	moπgage p	payment to incre	ase or decrease because
-				
■ No.				

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 25 of 51

Fill in this inform	nation to identify your	case:		
Debtor 1	Sharon Kleiman			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	23-15542			☐ Check if this is an amended filing
Official Form	n 106Dec			
	-	an Individual De	htor's Schodi	ulos
Declarat	ion About a	ali iliulviuuai De	biol 3 Schedi	12/15
obtaining money years, or both. 18	or property by fraud i 3 U.S.C. §§ 152, 1341,	n connection with a bankrupto		a false statement, concealing property, or to \$250,000, or imprisonment for up to 20
Sign	Below			
	y or agree to pay some	eone who is NOT an attorney to	o help you fill out bankruptc	y forms?
■ No				
☐ Yes. N	lame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	ty of perjury, I declare true and correct.	that I have read the summary	and schedules filed with this	s declaration and
X /s/ Shar	ron Kleiman		X	
Sharon	Kleiman e of Debtor 1		Signature of Debtor 2	

Date August 11, 2023

Date

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 26 of 51

Debtor 1 Sharon Kleiman First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before	
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (if known) Check if this is an amended filing DISTRICT OF NEW JERSEY Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing of the country of th	04/22
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Case number (if known) Check if this is an amended filling	
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.	
number (if known). Answer every question.	ڍ
Part 1: Give Details About Your Marital Status and Where You Lived Before	
1. What is your current marital status?	
■ Married	
□ Not married	
2. During the last 3 years, have you lived anywhere other than where you live now?	
2. Samily the last o years, have year more any more constrain misro year more new t	
■ No	
Yes. List all of the places you lived in the last 3 years. Do not include where you live now.	
Debtor 1: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2	2
lived there	
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property)	operty
states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)	
■ No	
Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).	
Part 2 Explain the Sources of Your Income	
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?	
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.	
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.	
□ No	
Yes. Fill in the details.	
Debter 4	
Debtor 1 Debtor 2 Sources of income Gross income Sources of income Gross income	
Check all that apply. (before deductions and Check all that apply. (before deductions and Check all that apply.	
exclusions) and exclusions	;)
From January 1 of current year until	
From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$53,200.00	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 27 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
		ndar year: December	31, 2022)	■ Wages, commissions, bonuses, tips	\$168,000.00	☐ Wages, common bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
		ndar year be December		■ Wages, commissions, bonuses, tips	\$149,374.00	☐ Wages, comn bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
	and other winnings. List each	public bene If you are fil	fit payments; ing a joint cas he gross inco	ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	est; dividends; money collector received together, list it of	cted from lawsuits; re only once under Deb	oyalties; and otor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
Pai	rt 3: Lis	st Certain Pa	yments You	Made Before You Filed for	Bankruptcy			
6.	□ No.	Neither De individual puring the South No. South Yes	90 days before Go to line 7 List below 6 paid that cruton include to adjustmen	est debts primarily consumer pettor 2 has primarily consumer personal, family, or household per you filed for bankruptcy, disconditional personal personal family, or household personal family, or household personal family, or household family, or household personal family consumer payments to an attorney for the ton 4/01/25 and every 3 years or both have primarily consumer you filed for bankruptcy, disconditional family.	Imer debts. Consumer debted purpose." d you pay any creditor a total d a total of \$7,575* or more that for domestic support oblinis bankruptcy case. Is after that for cases filed on timer debts.	al of \$7,575* or more in one or more payr gations, such as chill or after the date of	e? nents and th d support a	ne total amount you nd alimony. Also, do
		■ No. □ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Credito	r's Name and	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this p	payment for

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Page 28 of 51 Document

Case number (if known) Debtor 1 Sharon Kleiman Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Truman v. Sharon Rockman, et al. **Foreclosure New Jersey Superior Court** Pending F-009407-22 □ On appeal □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

Nο П

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

Yes

court-appointed receiver, a custodian, or another official?

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document

Page 29 of 51 Debtor 1 Case number (if known) 23-15542 Sharon Kleiman Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of transferred or transfer was payment Address **Email or website address** made Person Who Made the Payment, if Not You Ciccarelli Law. PC \$2,372.00 239 New Road, Building A, Suite 301 Parsippany, NJ 07054

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid **Address**

Description and value of any property transferred

Date payment or transfer was made

Amount of payment Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 30 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list. No Yes. Fill in the details.	ness or financial affa as security (such as the	irs? he granting of a s					
	Person Who Received Transfer Address Person's relationship to you	Description and vo		payme	be any property or nts received or debts exchange	Date transfer was made		
19.			y property to a s	elf-settled	I trust or similar device o	of which you are a		
	Name of trust	Description and v	alue of the prope	erty trans	ferred	Date Transfer was made		
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions.								
	Yes. Fill in the details.							
		ast 4 digits of Type of account or count number instrument		nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for	bankruptcy, any	/ safe dep	osit box or other deposi	tory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe t	he contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe t	he contents	Do you still have it?		
Par	rt 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that someofor someone.	one else owns? Inclu	ide any property	you borr	owed from, are storing f	or, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		Describe t	he property	Value		
	rt 10: Give Details About Environmental Inform							

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 31 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.										
Rep	Report all notices, releases, and proceedings that you know about, regardless of when they occurred.										
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?										
		No									
		Yes. Fill in the details.									
		me of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?										
		No									
		Yes. Fill in the details.									
		me of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.										
		No									
		Yes. Fill in the details.									
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)			Status of the case					
Par	Part 11: Give Details About Your Business or Connections to Any Business										
27.	Wit	= nin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
		■ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
		☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation										
	☐ An owner of at least 5% of the voting or equity securities of a corporation										
	□ No. None of the above applies. Go to Part 12.										
		Yes. Check all that apply above and fill	in the details below for each busines	ss.							
	Business Name Address		Describe the nature of the business	3	Employer Identification number Do not include Social Security number or ITIN.						
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed						
	Sababa Travel, LLC		Travel Agency	EIN: 47-4730221							
					From-To June 2015 to present						
	Rockman Klieman Company LLC		Consulting	EIN: 43-2115609							
					From-To 2003 to 2019						

Page 32 of 51 Document Debtor 1 Sharon Kleiman Case number (if known) 23-15542 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sharon Kleiman Signature of Debtor 2 **Sharon Kleiman** Signature of Debtor 1 Date August 11, 2023 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Filed 08/11/23 Entered 08/11/23 16:39:55

☐ Yes

Case 23-15542-SLM

Doc 13

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Sharon Kleiman						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: District of New Jersey							
Case number (if known)	23-15542						

Check as directed in lines 17 and 21:							
1	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 13,351.39 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 3,335.92 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses Copy Net monthly income from a business. 3,335.92 here -> \$ 3.335.92 0.00 \$ profession, or farm 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 34 of 51

23-15542

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3,335.92 13.351.39 16.687.31 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 16.687.31 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 16,687.31 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 16.687.31 15a. Copy line 14 here=>

Sharon Kleiman

Debtor 1

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 35 of 51

Debto	Sharon Kleiman				Case number (<i>if known</i>) 23-15542				
		M	ultiply line 15a by 12 (the number of months in	a year).			x 12		
	15	o. T	ne result is your current monthly income for the	e year for this part of th	e form		\$200,247.72		
16.	Cal	culate	the median family income that applies to y	ou. Follow these steps	::				
	16a	Fill i	n the state in which you live.	NJ					
	16b	Fill i	n the number of people in your household.	2					
	16c.		the median family income for your state and s	*******			\$99,056.00		
			nd a list of applicable median income amounts uctions for this form. This list may also be avail						
17.	Hov	/ do 1	he lines compare?						
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).								
	17b		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 al	lation of Your Dispos					
Part	3:	Ca	lculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)					
18.	Cop	у уо	ır total average monthly income from line 1	1		\$_	16,687.31		
19.	cont	end t use's	ne marital adjustment if it applies. If you are hat calculating the commitment period under 1 income, copy the amount from line 13.	1 U.S.C. § 1325(b)(4) a					
	19a	If the	e marital adjustment does not apply, fill in 0 on	line 19a.		- \$_	0.00		
	19b	Sub	tract line 19a from line 18.			!	\$16,687.31_		
20.	Cald	culate	your current monthly income for the year.	Follow these steps:					
	20a	Сор	y line 19b				\$16,687.31_		
		Mult	iply by 12 (the number of months in a year).				x 12		
	20b	The	result is your current monthly income for the ye	ear for this part of the f	orm		\$_200,247.72		
	20c.	Сор	y the median family income for your state and	size of household from	line 16c		\$99,056.00		
	21.	How	do the lines compare?						
			Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the cour	, on the top of page 1 of this form,	check box	3, The commitment		
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordered	by the court, on the top of page 1	of this form	m, check box 4, <i>The</i>		
Part	4:	Si	gn Below						
	By s	ignin	g here, under penalty of perjury I declare that the	he information on this	statement and in any attachments	s true and	correct.		
Х	/s/	Sha	ron Kleiman						
	_		N Kleiman re of Debtor 1						
	Date		gust 11, 2023						
	If yo		1 / DD / YYYY cked 17a, do NOT fill out or file Form 122C-2.						
	•		cked 17b. fill out Form 122C-2 and file it with t	his form. On line 39 of	that form, copy your current month	ılv income	from line 14 above.		

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 36 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 37 of 51

		_		
Fill in this in	formation to identify your case:			
Debtor 1	Sharon Kleiman			
Bostor 1	Old Ol Mellian			
Debtor 2				
(Spouse, if fili	ng)			
United States	Bankruptcy Court for the: District of New Jersey			
Case number	23-15542			
(if known)		⊔ Check if thi	s is an amended fili	ing
Official Form	4220.2			
<u>Official Form</u> Chapteı	· 13 Calculation of Your Disposable I	ncome		04/22
	form, you will need your completed copy of <i>Chapter 13 Statem</i> Period (Official Form 122C-1).	ent of Your Current Monthly Inco	me and Calculation o	of
space is need	te and accurate as possible. If two married people are filing tog led, attach a separate sheet to this form, Include the line numbe ges, write your name and case number (if known).			
Part 1: C	alculate Your Deductions from Your Income			
the questi	al Revenue Service (IRS) issues National and Local Standards fons in lines 6-15. To find the IRS standards, go online using the n may also be available at the bankruptcy clerk's office.			
expenses i	expense amounts set out in lines 6-15 regardless of your actual exp f they are higher than the standards. Do not include any operating ex and do not deduct any amounts that you subtracted from your spouse	spenses that you subtracted from inc	ome in lines 5 and 6 o	
If your expo	enses differ from month to month, enter the average expense.			
Note: Line	numbers 1-4 are not used in this form. These numbers apply to information	mation required by a similar form us	ed in chapter 7 cases	
5. The n	umber of people used in determining your deductions from inc	ome		
plus tl	the number of people who could be claimed as exemptions on your ne number of any additional dependents whom you support. This nu umber of people in your household.		2	
National S	tandards You must use the IRS National Standards to ans	swer the questions in lines 6-7.		
	, clothing, and other items: Using the number of people you entered ards, fill in the dollar amount for food, clothing, and other items.	ed in line 5 and the IRS National	\$	1,389.00
the do	f-pocket health care allowance: Using the number of people you ellar amount for out-of-pocket health care. The number of people is see who are 65 or olderbecause older people have a higher IRS allower than this IRS amount, you may deduct the additional amount on lin	plit into two categoriespeople who vance for health car costs. If your ac	are under 65 and	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 38 of 51

Sharon Kleiman 23-15542 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 158.00 Copy here=> 158.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 154 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 158.00 Copy total here= 158.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 752.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,645.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Сору Repeat this amount 0.00 0.00 9b. Total average monthly payment \$ on line 33a. here=> 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 2,645.00 2,645.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Mair Document Page 39 of 51

Sharon Kleiman 23-15542 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 758.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Сору Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 40 of 51

Debtor 1 Sharon Kleiman Case number (if known) 23-15542

	the following IRS categorie		s listed above	, you are allowed your monthly expenses	s for	
self-employment taxes, soc	al security taxes, and Medi owever, if you expect to recommend the total monthly amoun	care taxes	s. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	2,319.40
17. Involuntary deductions: T contributions, union dues, a		ductions th	at your job re	quires, such as retirement		
Do not include amounts that	t are not required by your jo	b, such a	s voluntary 40	11(k) contributions or payroll savings.	\$	0.00
filing together, include payn	nents that you make for you r life insurance on your dep	ır spouse's	term life insu	e insurance. If two married people are irance. I spouse's life insurance, or for any form	\$	0.00
19. Court-ordered payments: administrative agency, such	as spousal or child suppor	t payment	s.	•	\$	0.00
. ,			• • • • • • • • • • • • • • • • • • • •	You will list these obligations in line 35.	Φ	0.00
20. Education: The total month as a condition for your jo		education	tnat is eitner	requirea:		
	•	nt child if n	o public educ	ation is available for similar services.	\$	0.00
				sitting, daycare, nursery, and preschool.		
Do not include payments fo			•	σ, σε , σε, σε , σε, σε, σε, σε, σε, σε, σε, σε, σε, σε	\$	0.00
	h and welfare of you or you	r depende	ents and that is	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		0.00
Payments for health insurar	· ·			,	\$	0.00
for you and your dependent phone service, to the exten- income, if it is not reimburse Do not include payments fo	s, such as pagers, call wait necessary for your health ed by your employer. r basic home telephone, int	ing, caller and welfar ernet and	identification, e or that of you	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment tount you previously deducted.	+\$	500.00
24. Add all of the expenses a Add lines 6 through 23.	lowed under the IRS expe	ense allov	vances.		\$	8,521.40
Additional Expense Deduction		deductions	allowed by t			
	Note: Do not include a			he Means Test. s listed in lines 6-24.		
25. Health insurance, disabili	y insurance, and health s	any expen savings ac	se allowances		or	
25. Health insurance, disabili insurance, disability insuran	y insurance, and health s	any expen savings ac	se allowances	s listed in lines 6-24. ses. The monthly expenses for health	or	
25. Health insurance, disabili insurance, disability insurar your dependents.	y insurance, and health s	any expensavings acounts that	se allowances ccount exper are reasonab	s listed in lines 6-24. ses. The monthly expenses for health	or	
25. Health insurance, disabili insurance, disability insurar your dependents. Health insurance	ty insurance, and health sce, and health savings acc	any expensavings acounts that	se allowances ccount exper are reasonab 0.00	s listed in lines 6-24. ses. The monthly expenses for health	or	
25. Health insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance	ty insurance, and health sce, and health savings acc	savings accounts that	se allowances ccount exper are reasonab 0.00 0.00	s listed in lines 6-24. ses. The monthly expenses for health	s	200.00
25. Health insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance Health savings account	ty insurance, and health sce, and health savings acc	savings acounts that \$ + \$	ccount experare reasonab 0.00 0.00 200.00	s listed in lines 6-24. ISES. The monthly expenses for health only necessary for yourself, your spouse, or		200.00
25. Health insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this	ty insurance, and health sce, and health savings acc	savings acounts that \$ + \$	ccount experare reasonab 0.00 0.00 200.00	s listed in lines 6-24. ISES. The monthly expenses for health only necessary for yourself, your spouse, or		200.00
25. Health insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this □ No. How much do your yes 26. Continuing contributions continue to pay for the reas	ety insurance, and health some ce, and health savings according to tall amount? The control of the care of household conable and necessary care of your immediate family with the your immediate family with the your immediate family your immediate	savings acounts that \$ \$ + \$ sor family and suppho is unab	ccount experare reasonab 0.00 0.00 200.00 200.00 members. Troot of an elder le to pay for s	copy total here=> The actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may		200.00
25. Health insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this □ No. How much do your yes 26. Continuing contributions continue to pay for the reas your household or member include contributions to an account against family	otal amount? ou actually spend? to the care of household onable and necessary care of your immediate family wind account of a qualified ABLE violence. The reasonably respectively and the care of your immediate family wind the care of your immediate.	savings acounts that \$ \$ + \$ sor family and suppho is unab program. necessary	ccount experare reasonab 0.00 0.00 200.00 200.00 members. Thort of an elder le to pay for selections are reasonable to pay for selections. Selections are reasonable to pay for selections are reasonable to pay for selections. Selections are reasonable to pay for selections are reasonable to pay for selections are reasonable to pay for selections. Selections are reasonable to pay for selections are reasonable to pay for selections are reasonable to pay for selections. The pay for selections are reasonable to pay for selections are rea	copy total here=> The actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	\$	

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 41 of 51

ebtor 1	Sharon Kleiman		Case number (if kn	own)	23-1	5542			
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurar	nce and operat	ting	expense	es on			
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on 8, then fill in the excess amount of home energy costs								
	You must give your case trustee document amount claimed is reasonable and necessary		st show that th	e ad	ditional			\$	0.00
	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.								
	You must give your case trustee document claimed is reasonable and necessary and r		st explain why	the	amount				
	* Subject to adjustment on 4/01/25, and evo	ery 3 years after that for cases begun on or	after the date	of a	djustme	nt.		\$	0.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standards							
	To find a chart showing the maximum addit instructions for this form. This chart may also			sepa	rate				
	You must show that the additional amount	claimed is reasonable and necessary.						\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization.		e in the form of	cas	h or fina	ancial			
	Do not include any amount more than 15%	of your gross monthly income.						\$	0.00
	2. Add all of the additional expense deductions. Add lines 25 through 31.							§	200.00
Dedu	uctions for Debt Payment								
	for debts that are secured by an interest pans, and other secured debt, fill in lines		e mortgages,	, veł	icle				
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		due to each se	ecure	ed				
	Mortgages on your home							verage i	monthly
33a.	Copy line 9b here					=>	\$.yo	0.00
	Loans on your first two vehicles								
33b.	O - mar Para 40h h - ma					=>	\$		0.00
33c.						=>	\$		0.00
33d.	List other secured debts:								
	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude taxe nsuranc	es			
					No				
	-NONE-				Yes		\$		
					No				
					Yes		\$		
					No				
					Yes	+	\$		
							,		
						Copy			

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Page 42 of 51 Document

23-15542

Case number (if known)

Sharon Kleiman 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount 17 Traveller Way Scotch Plains, NJ **Rushmore Loan Mgmt Srvc** \$ $284,095.00 \div 60 = $$ 4,734.92 07076 Union County \$ $\div 60 = \$$ \$ $\div 60 = +$ \$ Copy total 4.734.92 Total 4.734.92 here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 4.734.92 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 8,521.40 expense allowances Copy line 32, All of the additional expense deductions 200.00 Copy line 37, All of the deductions for debt payment 4,734.92 13,456.32 13,456.32 Total deductions..... Copy total here=>

Debtor 1

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 43 of 51

Sharon Kleiman 23-15542 Debtor 1 Case number (if known) Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 16.687.31 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 13,456.32 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Copy 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 13.456.32 13,456.32 here=> -\$ 3.230.99 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ■ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase □ 122C-2 ☐ Decrease

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Desc Main Document Page 44 of 51

Debtor 1	Snaron Kielman		Case number (if known)	23-15542
Part 4:	Sign Below			
E	By signing here, under penalty of perjury you o	leclare that the information on this	statement and in any atta	achments is true and correct.
X	/s/ Sharon Kleiman			
	Sharon Kleiman			
	Signature of Debtor 1			
Date	August 11, 2023			
	MM / DD / YYYY			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 23-15542-SLM Doc 13 Filed 08/11/23 Entered 08/11/23 16:39:55 Page 49 of 51 Document UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) Jenee Ciccarelli 239 New Rd. Bldg A Suite 301 Parsippany, NJ 07054 973-737-9060 info@jc-lawpc.com **Sharon Kleiman** In Re: 23-15542 Case No.: Chapter: 13 Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and 1. that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: ☐ Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$. I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: • adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ \$ The balance due is: The balance \blacksquare will \square will not be paid through the plan. ■ Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ 450.00 . The hourly fee charged by other members of my firm that may provide services to this client range from \$ 195.00 to \$ 450.00 . I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. I have received: \$ 2,372.00

□ Other (specify below)

2.

■ Debtor(s)

The source of the funds paid to me was:

	Case 23-15542-S		iled 08/11 cument	1/23 En Page 50		1/23 16:39:55	Desc Main	
3.	If a balance is due, the source of future compensation to be paid to me is:							
	■ Debtor(s)	□ Othe	r (specify b	pelow)				
	I □ have or ■ have f I have agreed to sha	re compensation with	h a person(s	s) who is no	ot a member		e members of my law a copy of that	
prior t	r(s) as needed. If poss	ible, Debtor's couns (s) acknowledge tha	el will advis	se Debtor(s) of the use	of coverage cour	of counsel retained by usel for any hearings on and may or may not	
		/s/ S K Debtor(s) Initials		Debtor(s)	Initials			
	(b) The Debtor(s) Ded by Debtor(s) as need by, or members of my	ded. All appearance					half in lieu of counsel e, the undersigned	
		Debtor(s) Initials		Debtor(s)	Initials			
6.	The Debtor(s) have	reviewed this Disclo	sure and it	is consister	nt with the te	rms of the Retai	ner Agreement.	
Date:	August 11, 2023		/s/ Sharon					
			Sharon Kle Debtor	eiman				
Data			Debtor					
Date:			Joint Debto	or				
Date:	August 11, 2023		/s/ Jenee C	Ciccarelli				
Date.			Jenee Cico					

Debtor's Attorney

United States Bankruptcy CourtDistrict of New Jersey

In re	Sharon Kleiman		Case No.	23-15542	
		Debtor(s)	Chapter	13	
	VERIFICA	ATION OF CREDITOR N	IATRIX		

Datas	August 11, 2023	/s/ Sharon Kleiman	
Date.		Sharon Kleiman	
		Signature of Debtor	

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.